

**DECLARATION (37 CFR §1.63) FOR UTILITY OR
DESIGN PATENT APPLICATION
USING AN
APPLICATION DATA SHEET (37 C.F.R. § 1.76)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e)) required)

Attorney Docket Number

UF-389

First Named Inventor

Nathan Andrew Shapira

COMPLETE IF KNOWN

Application Number

Filing Date

November 3, 2003

Group Art Unit

Examiner Name

This declaration is directed to an application entitled: **Methods to Prevent or Ameliorate Medication-, Procedure- or Stress-Induced Cognitive and Speech Dysfunction and Methods to Optimize Cognitive and Speech Functioning**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or

Application No. _____, filed on _____
as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name(s) of Inventors

Inventor One: Nathan Andrew Shapira

Citizen of: US

Signature:

Inventor Two: Giselle D. Mann

Citizen of: US

Signature:

Inventor Three: April M. Annis

Citizen of: US

Signature:

Inventor Four: Toby Doris Goldsmith

Citizen of: US

Signature:



Additional inventors are being named on the additional form(s) attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	November 3, 2003
First Named Inventor	Nathan Andrew Shapira
Title	Methods to Prevent or Ameliorate Medication- Procedure- or Stress-Induced Cognitive and Speech Dysfunction and Methods to Optimize Cognitive and Speech Functioning
Group Art Unit	
Examiner Name	
Attorney Docket Number	UF-389

I hereby appoint:

- ☒ Practitioners at Customer Number
OR
☐ Practitioner(s) named below:

23557

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☒ The above-mentioned Customer Number.
OR
☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

- ☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Nathan Andrew Shapira
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	November 3, 2003
First Named Inventor	Nathan Andrew Shapira
Title	Methods to Prevent or Ameliorate Medication- Procedure- or Stress-Induced Cognitive and Speech Dysfunction and Methods to Optimize Cognitive and Speech Functioning
Group Art Unit	
Examiner Name	
Attorney Docket Number	UF-389

I hereby appoint:

- ☒ Practitioners at Customer Number
OR
☐ Practitioner(s) named below:

23557

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☒ The above-mentioned Customer Number.
OR
☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or <input type="checkbox"/> Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

- ☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Giselle D. Mann
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	November 3, 2003
First Named Inventor	Nathan Andrew Shapira
Title	Methods to Prevent or Ameliorate Medication- Procedure- or Stress-Induced Cognitive and Speech Dysfunction and Methods to Optimize Cognitive and Speech Functioning
Group Art Unit	
Examiner Name	
Attorney Docket Number	UF-389

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

23557

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or

☐ Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

April M. Annis

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	November 3, 2003
First Named Inventor	Nathan Andrew Shapira
Title	Methods to Prevent or Ameliorate Medication- Procedure- or Stress-Induced Cognitive and Speech Dysfunction and Methods to Optimize Cognitive and Speech Functioning
Group Art Unit	
Examiner Name	
Attorney Docket Number	UF-389

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

23557

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Firm or

☐ Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

Place Customer
Number Bar Code
Label here

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Toby Doris Goldsmith

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.